PRINTED: 06/16/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION NG 01, 03, 04, 05, 06	(X	(X3) DATE SURVEY COMPLETED	
155770		B. WING _	B. WING		06/09/2015		
NAME OF PROVIDER OR SUPPLIER VILLAS OF GUERIN WOODS				STREET ADDRESS, CITY, STATE, ZIP CO 1002 SISTER BARBARA WAY GEORGETOWN, IN 47122	DDE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	EFIX (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION DATE	
K 000	INITIAL COMMENTS		KO	000			
	,						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER B. WING 06/09/201 STREET ADDRESS, CITY, STATE, ZIP CODE	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 03, 04, 05, 06		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE			155770	B. WING		06/09/2015		
VILLAS OF GUERIN WOODS 1002 SISTER BARBARA WAY GEORGETOWN, IN 47122				STREET ADDRESS, CITY, STATE, ZIP CODE 1002 SISTER BARBARA WAY				
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPL	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA		(X5) COMPLETION DATE
K 000 Continued From page 1 services were sprinkled. A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 06/09/15 Facility Number: 011509 Provider Number: 155770 AIM Number: 200909280 At this Life Safety Code survey, Villas of Guerin Woods, was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), and 410 IAC 16.2. Villa 1004 was surveyed with Chapter 16, New Health Care Occupancies. The facility is using a categorical waiver for a residential kitchen open to the corridor, which meets the requirements of the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), section 19.3.2.5.3. This one story facility was determined to be of Type V (111) construction and fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and hard wired smoke detectors in all resident sleeping rooms. The facility has a capacity of 10 and had a census of 10 at the time of this visit. All areas where residents have customary access were sprinkled and all areas providing facility	K 000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 services were sprinkled. A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 06/09/15 Facility Number: 011509 Provider Number: 155770 AIM Number: 200909280 At this Life Safety Code survey, Villas of Guerin Woods, was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), and 410 IAC 16.2. Villa 1004 was surveyed with Chapter 18, New Health Care Occupancies. The facility is using a categorical waiver for a residential kitchen open to the corridor, which meets the requirements of the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), section 19.3.2.5.3. This one story facility was determined to be of Type V (111) construction and fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and hard wired smoke detectors in all resident sleeping rooms. The facility has a capacity of 10 and had a census of 10 at the time of this visit. All areas where residents have customary access		K	000			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 03, 04, 05, 06		(X3) DATE SURVEY COMPLETED		
		155770	B. WING	B. WING		06/09/2015	
NAME OF PROVIDER OR SUPPLIER VILLAS OF GUERIN WOODS		•	1	TREET ADDRESS, CITY, STATE, ZIP CODE 002 SISTER BARBARA WAY GEORGETOWN, IN 47122			
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
K 000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 06/09/15 Facility Number: 011509 Provider Number: 155770 AIM Number: 200909280 At this Life Safety Code survey, Villas of Guerin Woods, was found in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), and 410 IAC 16.2. Villa 1003 was surveyed with Chapter 18, New Health Care Occupancies. The facility is using a categorical waiver for a residential kitchen open to the corridor, which meets the requirements of the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), section 19.3.2.5.3. This one story facility was determined to be of Type V (111) construction and fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors, and hard wired smoke detectors in all resident sleeping rooms. The facility has a capacity of 10 and had a census of 10 at the time of this visit. All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled.		К	0000			

PRINTED: 06/16/2015 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 03, 04, 05, 06		(X3) DATE SURVEY COMPLETED	
		155770	B. WING			06/	09/2015
NAME OF PROVIDER OR SUPPLIER VILLAS OF GUERIN WOODS				1	STREET ADDRESS, CITY, STATE, ZIP CODE 1002 SISTER BARBARA WAY GEORGETOWN, IN 47122		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD B TAG CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)			(X5) COMPLETION DATE
K 000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		K	000			

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	155770 B. WING			06/09/2015			
NAME OF PROVIDER OR SUPPLIER VILLAS OF GUERIN WOODS			•	1	STREET ADDRESS, CITY, STATE, ZIP CODE 1002 SISTER BARBARA WAY GEORGETOWN, IN 47122		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX (EACH CORRECTIVE ACTION TAG CROSS-REFERENCED TO THE		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
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